

EXHIBIT A

MONTHLY TIME REPORTS

Firm Name: _____

Date: _____

Categories: 1. Lead Counsel Calls/Meetings 2. Participating Counsel Calls/Meetings 3. Lead Counsel Duties 4. Case Management 5. MDL Status Conf. 6. Court Appearance 7. Research 8. Discovery 9. Doc. Review 10. Litigation Strategy & Analysis 11. Dep. Prep/Take/Defend 12. Pleadings/Briefs/Pre-trial Motions/Legal 13. Experts/Consultants 14. Settlement 15. Trial Prep 16. Trial 1. Appeal

[illegible]

MONTHLY TIME REPORT TOTALS

Firm Name: _____

Category Name	Total Time per Category	Total Fees per Category
Lead Counsel Calls/Meeting		
Lead Counsel Duties		
Administrative		
MDL Status Conf.		
Court Appearance		
Research		
Discovery		
Doc. Review		
Litigation Strategy & Analysis		
Dep. Prep/Take/Defend		
Pleadings/Briefs, Pretrial Motions, Legal		
Experts/Consultants		
Settlement		
Trial Prep		
Trial		
Appeal		
Total:		

Date: _____

EXPENSE REPORT

Firm Name: _____

Date: _____

Categories: 1. Assessment Fees 2. Federal Express / Local Courier, etc. 3. Postage Charges 4. Facsimile Charges 5. Long Distance 6. In-House Photocopying 7. Outside Photocopying 8. Hotels 9. Meals 10. Mileage 11. Air Travel 12. Deposition Costs 13. Lexis/Westlaw 14. Court Fees 15. Witness / Expert Fees 16. Investigation Fees / Service Fees 17. Transcripts 18. Ground Transportation (i.e. Rental, Taxis, etc.) 19. Other (Describe)

ALL ORIGINAL RECEIPTS MUST BE ATTACHED TO THIS EXPENSE SHEET

Date:	Category Code:	Category Name:	Detailed Description:	Amount:	Receipt Provided: Yes/No (if no, provide reason)

SUPPLEMENTAL EXPENSE REPORT

Firm Name: _____

Date: _____

Categories: 1. Assessment Fees 2. Federal Express / Local Courier, etc. 3. Postage Charges 4. Facsimile Charges 5. Long Distance 6. In-House Photocopying 7. Outside Photocopying 8. Hotels 9. Meals 10. Mileage 11. Air Travel 12. Deposition Costs 13. Lexis/Westlaw 14. Court Fees 15. Witness / Expert Fees 16. Investigation Fees / Service Fees 17. Transcripts 18. Ground Transportation (i.e. Rental, Taxis, etc.) 19. Other (Describe)

ALL ORIGINAL RECEIPTS MUST BE ATTACHED TO THIS EXPENSE SHEET

Date:	Category Code:	Category Name:	Detailed Description:	Amount:	Receipt Provided: Yes/No (if no, provide reason)